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B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Western District of Missouri

In re	Thomas Allen Smith		Case No	12-50897	
		Debtor	_,		
			Chapter	13	
			•		

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	350,000.00		
B - Personal Property	Yes	4	58,292.50		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		151,124.04	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		15,266.69	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	10		43,907.30	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			4,204.90
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,050.00
Total Number of Sheets of ALL Schedu	ıles	25			
	To	otal Assets	408,292.50		
			Total Liabilities	210,298.03	

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Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Western District of Missouri

In re	Thomas Allen Smith	Case No.	12-50897
_	Debtor		
		Chapter	13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	15,266.69
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	15,266.69

State the following:

Average Income (from Schedule I, Line 16)	4,204.90
Average Expenses (from Schedule J, Line 18)	2,050.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	4,604.90

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		12,124.04
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	8,179.51	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		7,087.18
4. Total from Schedule F		43,907.30
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		63,118.52

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B6A (Official Form 6A) (12/07)

In re	Thomas Allen Smith		Case No	12-50897	
-					
		Dehtor			

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Residence at 8270 SE 32nd Street, St. Joseph, Missouri		-	350,000.00	139,000.00

Sub-Total > 350,000.00 (Total of this page)

350,000.00 Total >

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B6B (Official Form 6B) (12/07)

In re	Thomas Allen Smith		Case No	12-50897	
		Debtor	·		

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	\$50		-	50.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		ecking account with Citizens Bank t with mother	J	400.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	Х			
4.	Household goods and furnishings, including audio, video, and computer equipment.		usehold goods, furnishings, wall hangings, knick icks, yard tools, and equipment	-	5,000.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Ноц	usehold books, pictures and family photos.	-	10.00
6.	Wearing apparel.	We	aring apparel, clothing and shoes.	-	200.00
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issuer.	X			
				Sub-Tota	al > 5,660.00

3 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

In re Thomas Allen Smith		C	ase No. 12	·50897
		Debtor ,		
	SCHED	ULE B - PERSONAL PROPERT (Continuation Sheet)	$\Gamma \mathbf{Y}$	
Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11 Interests in an education IRA as	X			

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

B6B (Official Form 6B) (12/07) - Cont.

In re	Thomas Allen Smith	Case No	12-50897
_		 ,	

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	Х		
23. Licenses, franchises, and other general intangibles. Give particulars.	X		
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X		
25. Automobiles, trucks, trailers, and other vehicles and accessories.	2000 Titan VIN = 5TMBD1442YC000116	-	20,000.00
	2002 Utility Trailer VIN = 4P5SA101822029196	-	1,000.00
	1995 Dodge Pickup VIN 3B7HF13Z7SM160801	-	2,500.00
	1998 Wesc Trailer 4RZFU1229WM000023	-	1,000.00
	2002 Honda Trailer VIN = 1D0224512100	-	1,500.00
	1931 Ford Model A VIN = A453422731	J	10,000.00
	2009 Homemade Trailer VIN = DRXMV000312372MO	J	250.00
	1998 Tioga Motorhome VIN = 1FDKE30G1JHA18577	-	6,000.00
	2000 Pontiac VIN = 1G2NF52E4YC527970	-	1,500.00
	1969 Chevrolet VIN = 11379W367021	J	247.50
	1988 Custom Travel Trailer 1C932JL05JB000424	J	825.00

Sub-Total > 44,822.50 (Total of this page)

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re	Thomas Allen Smith	Case No. <u>12-50897</u>
_		;

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
	1941 Plymouth VIN = 22008795	J	165.00
	1979 Chevrolet VIN = 1Z8789S441629	J	495.00
	1967 Ford Mustang VIN = 7R01C238037 Debtor's mother and sister are also on the title	-	4,950.00
	1998 Chevrolet 1500 Silverado	-	2,000.00
26. Boats, motors, and accessories.	X		
27. Aircraft and accessories.	X		
28. Office equipment, furnishings, and supplies.	X		
29. Machinery, fixtures, equipment, and supplies used in business.	X		
30. Inventory.	X		
31. Animals.	5 pet dogs	-	0.00
32. Crops - growing or harvested. Give particulars.	X		
33. Farming equipment and implements.	X		
34. Farm supplies, chemicals, and feed.	X		
35. Other personal property of any kind not already listed. Itemize.	X		

| Sub-Total > 7,610.00 (Total of this page) | Total > 58,292.50

Sheet 3 of 3 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/10)

In re	Thomas Allen Smith		Case No	12-50897	
_		Debtor,			

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafte
☐ 11 U.S.C. §522(b)(2)	with respect to cases commenced on or after the date of adjustment.)
11 U.S.C. 8522(b)(2)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property Residence at 8270 SE 32nd Street, St. Joseph, Missouri	RSMo § 513.475	15,000.00	350,000.00
Checking, Savings, or Other Financial Accounts, Certif Checking account with Citizens Bank joint with mother	ficates of Deposit RSMo § 513.430.1(3)	400.00	400.00
Household Goods and Furnishings Household goods, furnishings, wall hangings, knick knacks, yard tools, and equipment	RSMo § 513.430.1(1)	2,500.00	5,000.00
Books, Pictures and Other Art Objects; Collectibles Household books, pictures and family photos.	RSMo § 513.430.1(1)	10.00	10.00
Wearing Apparel Wearing apparel, clothing and shoes.	RSMo § 513.430.1(1)	200.00	200.00
Interests in IRA, ERISA, Keogh, or Other Pension or PIRA	rofit Sharing Plans 11 USC § 541(c)(2), 11 USC § 522(b)(2)(A), RSMo § 513.430.1(10)(f), and RSMo § 513.430.1(10)(e).	200.00	200.00
Automobiles, Trucks, Trailers, and Other Vehicles 2000 Titan VIN = 5TMBD1442YC000116	RSMo § 513.430.1(5)	1,000.00	20,000.00
1998 Chevrolet 1500 Silverado	RSMo § 513.430.1(5)	2,000.00	2,000.00

Total: 21 210 00 277 910 00		
	Total:	

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B6D (Official Form 6D) (12/07)

In re	Thomas Allen Smith		Case No	12-50897	 _
		Debtor			

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	1	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	N L Q U L D	SPUTE	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxx9135			1st Mortgage	Т	A T E D			
American Home Mortgage Servicing, Inc. PO Box 631730 Irving, TX 75063-1730		-	Residence at 8270 SE 32nd Street, St. Joseph, Missouri					
			Value \$ 350,000.00	1			139,000.00	0.00
Account No.								
American Home Mortgage Servicing, Inc. 1525 S Beltline Road Coppell, TX 75019-4913			Representing: American Home Mortgage Servicing, Inc.				Notice Only	
			Value \$	1				
Account No. McNearney, Pittenger & Assoc., LLC 6800 College Boulveard Suite 400 PO Box 7410 Overland Park, KS 66207			Representing: American Home Mortgage Servicing, Inc.				Notice Only	
Overland Park, NS 66207			Value \$					
Account No. Wells Fargo Bank NA Trustee for Option One Mortgage Homeward Residential Inc. 1525 S Beltline Road, #100 North Coppell, TX 75019			Representing: American Home Mortgage Servicing, Inc. Value \$	-			Notice Only	
continuation sheets attached	<u></u>	<u> </u>		l Subt his			139,000.00	0.00

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Thomas Allen Smith	Case No.	12-50897	
_	Debtor	<u> </u>		

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	UNLIQUIDATED	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			All equity in all property regardless of	T	T E D			
Internal Revenue Service PO box 804527 Cincinnati, OH 45280-4527		-	exemptions Value \$ 0.00				12,124.04	12,124.04
Account No.			value \$ 0.00	T			12,124.04	12,124.04
				_				
Account No.		H	Value \$	+		\vdash		_
Account No.			Value \$	╀		H		
Account No.			Value \$					
Account No.								
			Value \$	_				
Sheet _1 of _1 continuation sheets attack Schedule of Creditors Holding Secured Claims		d to	(Total of t	Sub his			12,124.04	12,124.04
-			(Report on Summary of So		Γota dule		151,124.04	12,124.04

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B6E (Official Form 6E) (4/10)

In re	Thomas Allen Smith		Case No	12-50897	
-		Debtor	,		

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Contingent." If the claim is disputed, place an "X" in the column labeled "Contingent." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in the column labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priorit listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" o
priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report thi total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
■ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/10) - Cont.

In re	Thomas Allen Smith		Case No.	12-50897
_		Debtor		

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community UZLLQULDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR ONTINGENT S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER C (See instructions.) 2010 & 2011 Account No. Real Property Taxes Buchanan County Collector of Revenue 0.00 **Buchanan County Courthouse** 411 Jules. Suite 123 Saint Joseph, MO 64501 4,000.00 4,000.00 2002 -2011 Account No. Personal income taxes Internal Revenue Service 1,904.44 Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346 5,921.54 4,017.10 2006 - 2011 Account No. Personal income taxes Missouri Department of Revenue 5,182.74 **Taxation Division** PO Box 385 Jefferson City, MO 65105-0385 5,345.15 162.41 Account No. Office of Prosecuting Attorney Representing: Dwight K. Scroggins, Jr. Missouri Department of Revenue Notice Only 411 Jules, Room 132 **Buchanan County Courthouse** Saint Joseph, MO 64501 Account No. Subtotal 7,087.18 Sheet 1 of 1 continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 15,266.69 8,179.51 Total 7,087.18

(Report on Summary of Schedules)

8,179.51

15,266.69

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B6F (Official	Form	6F)	(12/07)

In re	Thomas Allen Smith		Case No	12-50897
	Debtor	-7		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	c	Hu	sband, Wife, Joint, or Community	č	Ų	Ŀ	ΣŢ	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	O A A A A A A A A A A A A A A A A A A A		N	DZ1-QD-DAH	I U	U T	AMOUNT OF CLAIM
Account No.				Ť	T E D			
AT&T 2321 North University Lubbock, TX 79415		-			D			532.74
Account No.	\Box	П		\Box	Г	T	十	
AT&T Mobility II LLC c/o AT&T Services Inc James Grudus, Esq. One AT&T Way, Room 3A218 Bedminster, NJ 07921			Representing: AT&T					Notice Only
Account No.	П	П				Γ	T	
Enhanced Recovery Corporation 8014 Bayberry Road Jacksonville, FL 32256-7412			Representing: AT&T					Notice Only
Account No. xxxx-xxxx-xxxx-0941						Γ	T	
Capital One Bank Inquiries/Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130-0285		-						1,802.58
_9 continuation sheets attached				Subt			T	2,335.32
Shahadan shees addenou			(Total of t	his j	pag	ge)) [2,000.02

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B6F (Official Form 6F) (12/07) - Cont.

In re	Thomas Allen Smith		Case No	12-50897	
_		Debtor			

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UZL_QU_DAFED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx0941 Portfolio Recovery Associates 120 Corporate Boulevard Suite 100 Norfolk, VA 23502			Representing: Capital One Bank	Т	T E D		Notice Only
Account No. Portfolio Recovery Associates PO Box 12914 Norfolk, VA 23541			Representing: Capital One Bank				Notice Only
Account No. Credit Management Services 2235 Mercury Way Suite 275 Santa Rosa, CA 95407-5463		-	This collection agency is attempting to collect for unknown creditor(s)				148.00
Account No. Transworld Systems 400 Lakeside Drive Horsham, PA 19044			Representing: Credit Management Services				Notice Only
Account No. Transworld Systems Inc. 2235 Mecury Way Suite 275 Santa Rosa, CA 95407	-		Representing: Credit Management Services				Notice Only
Sheet no1 of _9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Sub his			148.00

B6F (Official Form 6F) (12/07) - Cont.

In re	Thomas Allen Smith		Case No	12-50897	
_		Debtor			

	—	1			1.		_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE.	ÍΜ	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.					Т	T E		
Dish Network P.O. Box 900 Waterloo, IA 50704		-				D		685.00
Account No.	╁							
Enhanced Recovery Corporation 8014 Bayberry Road Jacksonville, FL 32256-7412			Representing: Dish Network					Notice Only
Account No.	╅							
Hearthland Health 6000 Leavenworth Road Suite F Kansas City, KS 66104		-						1,626.00
Account No.	╁							
Northwest Financial Service 720 Jules Street Saint Joseph, MO 64501-1918			Representing: Hearthland Health					Notice Only
Account No.	1	T			T			
NW Financial Services 3620 Frederick Avneue Saint Joseph, MO 64506			Representing: Hearthland Health					Notice Only
Sheet no. 2 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(То	S tal of th	Sub his			2,311.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Thomas Allen Smith		Case No	12-50897	
_		Debtor			

CDEDITORISMANT	С	Hu	sband, Wife, Joint, or Community		C	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE.	M	ONTINGEN	NL - QU - DA	DINPUTED	AMOUNT OF CLAIM
Account No.					Т	TE		
Heartland Cardiovascular 5514 Corporate Drive Saint Joseph, MO 64507		-				D		197.00
Account No.	╁	-				-		
Northwest Financial Service 720 Jules Street Saint Joseph, MO 64501-1918			Representing: Heartland Cardiovascular					Notice Only
Account No.	╁							
NW Financial Services 3620 Frederick Avneue Saint Joseph, MO 64506			Representing: Heartland Cardiovascular					Notice Only
Account No.	+							
Household Bank P.O. Box 49352 San Jose, CA 95161		-						
Account No.	+	-						1,145.00
Lynx Credit PO Box 637 Newburgh, IN 47629			Representing: Household Bank					Notice Only
Sheet no3 _ of _9 _ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f	<u> </u>	(Tol	S al of th		tota pag		1,342.00

B6F (Official Form 6F) (12/07) - Cont.

In re	Thomas Allen Smith		Case No	12-50897	
_		Debtor			

	С	ш	sband, Wife, Joint, or Community	<u></u>	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	NLL QUL		AMOUNT OF CLAIM
Account No. xxxxxxxxA198				Т	D A T E D		
Mid-America Cardiology Associates PO Box 804446 Kansas City, MO 64180-0446		-			D		119.57
Account No. xxx2108							
Northwest Health Services Inc. PO Box 8612 Saint Joseph, MO 64508-8612		-					0.79
Account No. xxx2108							0.79
Northwest Financial Services PO Box 9010 Saint Joseph, MO 64508-9010			Representing: Northwest Health Services Inc.				Notice Only
Account No. xx1536							
Professional Account Management PO Box 8970 Saint Joseph, MO 64508-8970			Representing: Northwest Health Services Inc.				Notice Only
Account No. xxx2107	\vdash						
Northwest Health Services Inc. PO Box 8612 Saint Joseph, MO 64508-8612		-					31.97
Sheet no4 of _9 sheets attached to Schedule of	<u></u>	_	<u> </u>	Subt	L tota	L 1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				152.33

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B6F (Official Form 6F) (12/07) - Cont.

In re	Thomas Allen Smith		Case No	12-50897	
_		Debtor			

		_						
CREDITOR'S NAME,	CO		usband, Wife, Joint, or Community		CON	U N L	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED CONSIDERATION FOR CLAIM. IF	CLAIM	TINGEN	LIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No. xxx2107		Γ			Т	E		
Northwest Financial Services PO Box 9010 Saint Joseph, MO 64508-9010			Representing: Northwest Health Services Inc.			D		Notice Only
Account No. xx1536		T						
Professional Account Management PO Box 8970 Saint Joseph, MO 64508-8970			Representing: Northwest Health Services Inc.					Notice Only
Account No.								
Northwest Health Services Inc. PO Box 8612 Saint Joseph, MO 64508-8612		-					x	32,588.35
Account No.		t						
Northwest Financial Service 720 Jules Street Saint Joseph, MO 64501-1918			Representing: Northwest Health Services Inc.					Notice Only
Account No.								
Northwest Financial Services PO Box 9010 Saint Joseph, MO 64508-9010			Representing: Northwest Health Services Inc.					Notice Only
Sheet no. <u>5</u> of <u>9</u> sheets attached to Schedule of			•		Sub			32,588.35
Creditors Holding Unsecured Nonpriority Claims				(Total of t	his	pag	ge)] ==,555.30

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B6F (Official Form 6F) (12/07) - Cont.

In re	Thomas Allen Smith		Case No	12-50897	
_		Debtor			

CREDITOR'S NAME,	00	1	usband, Wife, Joint, or Community	CONT	U N L	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	NT I NG ENT	LIQUIDA	ISPUTED	AMOUNT OF CLAIM
Account No.				T	E		
NW Financial Services 3620 Frederick Avneue Saint Joseph, MO 64506			Representing: Northwest Health Services Inc.		В		Notice Only
Account No.							
Pain Care PA PO Box 26141 Kansas City, MO 64196		-					506.00
Account No.	t			T			
Berlin Wheeler Inc 2942 SW Wanamaker Drive Suite 200 Topeka, KS 66614			Representing: Pain Care PA				Notice Only
Account No.							
Berlin-Wheeler Inc. PO Box 479 Topeka, KS 66601-0479			Representing: Pain Care PA				Notice Only
Account No.	T	T			T	T	
Progressive Auto Insurance Company The Progressive Corporation 6300 Wilson Mills Road Mayfield Village, OH 44143		-					110.00
Sheet no. 6 of 9 sheets attached to Schedule of		_		Sub	tota	ıl	616.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	616.00

B6F (Official Form 6F) (12/07) - Cont.

In re	Thomas Allen Smith		Case No	12-50897	
_		Debtor			

CREDITOR'S NAME,	ç	Ηu	sband, Wife, Joint, or Community	Č	Ų	Ţ	ग	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	O D E B T O R	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	Ų			AMOUNT OF CLAIM
Account No.				T	E D			
NCO Financial 507 Prudential Road Horsham, PA 19044			Representing: Progressive Auto Insurance Company					Notice Only
Account No.		Г				T	T	
NCO Financial PO Box 15636 Wilmington, DE 19850			Representing: Progressive Auto Insurance Company					Notice Only
Account No.		Г				T	T	
Southwestern Bell Telephone Company c/o AT&T Services Inc James Grudus, Esq. One AT&T Way #3A218 Bedminster, NJ 07921		-				>	×	316.58
Account No. xxxx7579					T	T	T	
University of Kansas Hospital PO Box 2941 Shawnee Mission, KS 66201		-						Unknown
Account No. xxxx7388	Г	T			T	T	†	
University of Kansas Hospital PO Box 2941 Shawnee Mission, KS 66201		-						3,792.31
Sheet no. 7 of 9 sheets attached to Schedule of	_			Subt	tota	ıl	7	4 100 00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ze)) L	4,108.89

B6F (Official Form 6F) (12/07) - Cont.

In re	Thomas Allen Smith		Case No	12-50897	
_		Debtor			

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	O N T I N G E N T	LQU	! [<u>!</u>	DISPUTED	AMOUNT OF CLAIM
Account No.				T	E		Ī	
KU Medical Center c/o Lathrop & Gage LLP 10851 Mastin Blvd #1000 Overland Park, KS 66210			Representing: University of Kansas Hospital					Notice Only
Account No.						T		
University of Kansas Hospital Authority PO Box 2941 Shawnee Mission, KS 66201-2941		-						Unknown
Account No.	T	T				T		
Lathrop & Gage LC 10851 Mastin Boulevard Suite 1000 Overland Park, KS 66210-1669			Representing: University of Kansas Hospital Authority					Notice Only
Account No. xxxxxxxxxx4699						T		
US Bank NA Attn Bankruptcy Department PO Box 5229 Cincinnati, OH 45201		-						267.41
Account No. xx9609	T	T				T	7	
River Collection & Recovery Services PO Box 992 Elk River, MN 55330			Representing: US Bank NA					Notice Only
Sheet no8 of _9 sheets attached to Schedule of	-		•	Sub				267.41
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pa	ge) [==

B6F (Official Form 6F) (12/07) - Cont.

In re	Thomas Allen Smith		Case No	12-50897	
•		Debtor ,			

					_		
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLLQUL	SPUTE	AMOUNT OF CLAIM
(See instructions above.)	Ř	ľ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E	lυ	D	
Account No.				Τ̈́	A T E D		
	1				D		
US Bank NA	l						
Bankruptcy Department	l	-					
PO Box 5229	l						
Cincinnati, OH 45201	l						
	l						38.00
Account No.	t	H		1			
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Cheating O of O short-stability Call 1.1. C	1_		<u> </u>	Subt	L	<u> </u>	
Sheet no. 9 of 9 sheets attached to Schedule of							38.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	nıs	pag	ge)	
				Γ	ota	ıl	
			(Report on Summary of So	chec	lule	es)	43,907.30

Case 12-50897-can13 Doc 19 Filed 01/18/13 Entered 01/18/13 14:33:48 Desc Main Document Page 23 of 45

DAC I	Official	Form	60	(12/07)	
BOG (Omciai	rorm	OCT	12/0/)	

In re	Thomas Allen Smith		Case No	12-50897
_		, Debtor		

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 12-50897-can13 Doc 19 Filed 01/18/13 Entered 01/18/13 14:33:48 Desc Main Document Page 24 of 45

B6H (Official Form 6H) (12/07)

In re	Thomas Allen Smith		Case No	12-50897
_		Debtor ,		

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Case 12-50897-can13 Doc 19 Filed 01/18/13 Entered 01/18/13 14:33:48 Desc Main Document Page 25 of 45

B6I (Offi	cial Form 6I) (12/07)				
In re	Thomas Allen Smith		Case No.	12-50897	
		Debtor(s)			

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE					
	RELATIONSHIP(S):	AGE(S):				
Divorced						
Employment:	DEBTOR		SPOUSE			
Occupation	Driver					
Name of Employer	Trans West Trucks					
How long employed	2.5 years					
Address of Employer	(Independent Contractor)					
INCOME: (Estimate of average	ge or projected monthly income at time case filed)		DEBTOR		SPOUSE	
	y, and commissions (Prorate if not paid monthly)	\$	0.00	\$	N/A	
2. Estimate monthly overtime		\$	0.00	\$	N/A	
3. SUBTOTAL		\$	0.00	\$_	N/A	
4. LESS PAYROLL DEDUCT	TIONS					
 a. Payroll taxes and socia 	al security	\$	0.00	\$	N/A	
b. Insurance		\$	0.00	\$	N/A	
c. Union dues		\$	0.00	\$ _	N/A	
d. Other (Specify):		\$	0.00	\$	N/A	
		\$	0.00	\$ <u> </u>	N/A	
5. SUBTOTAL OF PAYROLI	DEDUCTIONS	\$	0.00	\$	N/A	
6. TOTAL NET MONTHLY	TAKE HOME PAY	\$	0.00	\$	N/A	
7. Regular income from operat	cion of business or profession or farm (Attach detailed statement)	\$	3,404.90	\$	N/A	
8. Income from real property		\$	800.00	\$	N/A	
9. Interest and dividends		\$	0.00	\$	N/A	
dependents listed above	support payments payable to the debtor for the debtor's use or that of	\$ 	0.00	\$	N/A	
11. Social security or governm (Specify):	ent assistance	\$	0.00	\$	N/A	
		\$	0.00	\$	N/A	
12. Pension or retirement incom	me	\$	0.00	\$	N/A	
13. Other monthly income						
(Specify):		\$_	0.00	\$_	N/A	
		\$	0.00	\$_	N/A	
14. SUBTOTAL OF LINES 7	THROUGH 13	\$	4,204.90	\$	N/A	
15. AVERAGE MONTHLY I	NCOME (Add amounts shown on lines 6 and 14)	\$	4,204.90	\$_	N/A	
16. COMBINED AVERAGE	MONTHLY INCOME: (Combine column totals from line 15)		\$	4,204	.90	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)					
In re	Thomas Allen Smith		Case No.	12-50897	
		Debtor(s)			

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly in		
expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22	2C.	
☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse."	ete a separato	e schedule of
1. Rent or home mortgage payment (include lot rented for mobile home)	\$	0.00
a. Are real estate taxes included? Yes No _X		
b. Is property insurance included? Yes No X		
2. Utilities: a. Electricity and heating fuel	\$	260.00
b. Water and sewer	\$	70.00
c. Telephone	\$	0.00
d. Other See Detailed Expense Attachment	\$	460.00
3. Home maintenance (repairs and upkeep)	\$	100.00
4. Food	\$	300.00
5. Clothing	\$	25.00
6. Laundry and dry cleaning	\$	25.00
7. Medical and dental expenses	\$	50.00 200.00
8. Transportation (not including car payments)	\$	25.00
 Recreation, clubs and entertainment, newspapers, magazines, etc. Charitable contributions 	\$ \$	5.00
11. Insurance (not deducted from wages or included in home mortgage payments)	Φ	5.00
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$ 	0.00
d. Auto	\$ 	45.00
e. Other	\$ 	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)	Ψ	0.00
(Specify) Personal property taxes & licenses	\$	100.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	Ψ	
a. Auto	\$	0.00
b. Other	\$	0.00
c. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	240.00
17. Other See Detailed Expense Attachment	\$	145.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	2,050.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	_	
20. STATEMENT OF MONTHLY NET INCOME A warrage monthly income from Line 15 of Schedule L	¢	4,204.90
a. Average monthly income from Line 15 of Schedule Ib. Average monthly expenses from Line 18 above	\$	2,050.00
c. Monthly net income (a minus h)	\$ 	2,050.00

B6J (Official Form 6J) (12/07)		
In re Thomas Allen Smith	Case No. <u>12-50897</u>	
Debtor(s)		
SCHEDULE J - CURRENT EXPENDITURES OF	INDIVIDUAL DEBTOR(S)	
Detailed Expense Attachme	ent	
Other Utility Expenditures:		
Cable	\$ 13 ⁻	1.00
Cell phones (debtor has 5 lines)	\$ 280	0.00
Internet	\$ 49	9.00
Total Other Utility Expenditures	\$ 460	0.00
Other Expenditures:		
Miscellaneous	\$ 50	0.00
Pet Expenses		0.00
Personal Care	\$ 20	0.00
Housekeeping	\$ 25	5.00
Total Other Expenditures	 \$ 149	5.00

United States Bankruptcy Court Western District of Missouri

In re	Thomas Allen Smith		Case No.	12-50897
		Debtor(s)	Chapter	13

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (No.	OTE: ONLY INCLUDE information dia	ectly related to the busin	ness operation.)
PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MC	ONTHS:		
1. Gross Income For 12 Months Prior to Filing:	\$	0.00	
PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHI	LY INCOME:		
2. Gross Monthly Income		\$	3,404.90
PART C - ESTIMATED FUTURE MONTHLY EXPENSES:			
3. Net Employee Payroll (Other Than Debtor)	\$	0.00	
4. Payroll Taxes		0.00	
5. Unemployment Taxes		0.00	
6. Worker's Compensation		0.00	
7. Other Taxes		0.00	
8. Inventory Purchases (Including raw materials)		0.00	
9. Purchase of Feed/Fertilizer/Seed/Spray		0.00	
10. Rent (Other than debtor's principal residence)		0.00	
11. Utilities		0.00	
12. Office Expenses and Supplies		0.00	
13. Repairs and Maintenance		0.00	
14. Vehicle Expenses		0.00	
15. Travel and Entertainment		0.00	
16. Equipment Rental and Leases		0.00	
17. Legal/Accounting/Other Professional Fees		0.00	
18. Insurance		0.00	
19. Employee Benefits (e.g., pension, medical, etc.)		0.00	
20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre	e-Petition Business Debts (Specify):		
DESCRIPTION	TOTAL		
21. Other (Specify):			
DESCRIPTION Fuel and maintenance of tow vehicle	TOTAL 240.00		
22. Total Monthly Expenses (Add items 3-21)		\$	240.00
PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:	:		
23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2	2)	\$	3,164.90

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Western District of Missouri

In re	Thomas Allen Smith			Case No.	12-50897
			Debtor(s)	Chapter	13
	DECLARATION C	ONCERN	ING DEBTOR'S SO	CHEDULE	CS
	DECLARATION UNDER P	PENALTY (OF PERJURY BY INDIVI	DUAL DEB	TOR
	I declare under penalty of perjury the sheets, and that they are true and correct to the				s, consisting of27
Date	January 18, 2013	Signature	/s/ Thomas Allen Smith Thomas Allen Smith Debtor		

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (12/12)

United States Bankruptcy Court Western District of Missouri

In re	Thomas Allen Smith		Case No.	12-50897
		Debtor(s)	Chapter	13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT \$37,400.00	SOURCE 2012 Gross Receipts (approx)
\$5,100.00	2012 Rents Received
\$12,228.00	2011 Gross Receipts
\$6,900.00	2011 Rents Received
\$10,641.00	2010 Gross Receipts

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2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF
TRANSFERS TRANSFERS

NAME AND ADDRESS OF CREDITOR

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

AMOUNT STILL

OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

Jone

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE The Law Offices of Tracy L. Robinson, LC 1125 Grand Blvd., Suite 1300 Kansas City, MO 64106 DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR See Rule 2016(b) Statement. AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

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NAME AND ADDRESS OF PAYEE

Tracy L Robinson & Associates, L.C. 1125 Grand Boulevard

Suite 1300

Kansas City, MO 64106

001 Debtorcc, LLC 372 Summit Avenue Jersey City, NJ 07302

Abacus Credit Counseling 15760 Ventura Blvd Ste 700

Encino, CA 91436

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR

Prior Chapter 13: \$281 (filing fee) on 3/23/12 and \$319 (attorney fee) on

3/23/12.

12/15/12

\$25 for prefiling credit counseling

AMOUNT OF MONEY

OR DESCRIPTION AND VALUE

OF PROPERTY

3/16/2012 \$25 for prefiling credit counseling

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF **GOVERNMENTAL UNIT**

DATE OF

ENVIRONMENTAL

LAW

NOTICE

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

GOVERNMENTAL UNIT NOTICE LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

B 7 (12/12)

18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

NAME (ITIN)/ COMPLETE EIN ADDRESS NATURE OF BUSINESS ENDING DATES

Smith Auto Body 9696 Mechanic 2007 - Present

Summit Truck Bodies 9696 Truck deliveries 2010 to the present

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

BEGINNING AND

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

B 7 (12/12)

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

B 7 (12/12)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	January 18, 2013	Signature	/s/ Thomas Allen Smith
			Thomas Allen Smith
			Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B22C (Official Form 22C) (Chapter 13) (12/10)

In re Thom	as Allen Smith	According to the calculations required by this statement:
	Debtor(s)	☐ The applicable commitment period is 3 years.
Case Number:	12-50897	■ The applicable commitment period is 5 years.
	(If known)	■ Disposable income is determined under § 1325(b)(3).
		☐ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

ay com	elete one statement only.									
	Part I. REPORT OF INCOME									
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.									
	b. \square Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")	ne''	for Lines 2-10	•						
	All figures must reflect average monthly income received from all sources, derived during the six	Column A		Column B						
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the		Debtor's	Spouse's						
	six-month total by six, and enter the result on the appropriate line.	Income		Income						
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	0.00	\$						
	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and			•						
	enter the difference in the appropriate column(s) of Line 3. If you operate more than one business,									
	profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a									
3	number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.									
3	Debtor Spouse									
	a. Gross receipts \$ 3,804.90 \$									
	b. Ordinary and necessary business expenses \$ 0.00 \$									
	c. Business income Subtract Line b from Line a	\$	3,804.90	\$						
	Rents and other real property income. Subtract Line b from Line a and enter the difference in									
	the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any									
4	part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse									
7	a. Gross receipts \$ 800.00 \$									
	b. Ordinary and necessary operating expenses \$ 0.00 \$									
	c. Rent and other real property income Subtract Line b from Line a	\$	800.00	\$						
5	Interest, dividends, and royalties.	\$	0.00	\$						
6	Pension and retirement income.	\$	0.00	\$						
_	Any amounts paid by another person or entity, on a regular basis, for the household									
7	expenses of the debtor or the debtor's dependents, including child support paid for that									
,	purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is									
	listed in Column A, do not report that payment in Column B.	\$	0.00	\$						
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8.									
	However, if you contend that unemployment compensation received by you or your spouse was a									
8	benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:									
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$	\$	0.00	¢						
	be a benefit under the Social Security Act	Ф	0.00	Φ						

					_			
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.							
		Debtor	Spouse]				
	a. b.	\$	\$ \$	\$ 0.0	00 \$			
- 10	Subtotal. Add Lines 2 thru 9 in Column A, and	1 7 1	т	-	JU \$			
10	in Column B. Enter the total(s).			\$ 4,604.	90 \$			
11	Total. If Column B has been completed, add L the total. If Column B has not been completed			\$		4,604.90		
	Part II. CALCULATI	ON OF § 1325(b)(4) COMMITMENT	PERIOD				
12	Enter the amount from Line 11				\$	4,604.90		
13	Marital Adjustment. If you are married, but a calculation of the commitment period under § enter on Line 13 the amount of the income listed the household expenses of you or your depended income (such as payment of the spouse's tax liadebtor's dependents) and the amount of income on a separate page. If the conditions for entering a.	1325(b)(4) does not requed in Line 10, Column Elents and specify, in the lability or the spouse's sue devoted to each purpose	aire inclusion of the income that was NOT paid on a re- ines below, the basis for ex- poort of persons other than se. If necessary, list addition	e of your spouse, egular basis for cluding this the debtor or the				
	b.	\$						
	C. Total and enter on Line 13	\$			\$	0.00		
14	Subtract Line 13 from Line 12 and enter the	result.			\$	4,604.90		
1.5	Annualized current monthly income for § 13	Ψ	4,004.90					
15	enter the result.	()(-)(-)			\$	55,258.80		
16	Applicable median family income. Enter the information is available by family size at www							
	a. Enter debtor's state of residence:	MO b. Enter de	ebtor's household size:	1	\$	40,259.00		
17	Application of § 1325(b)(4). Check the applic ☐ The amount on Line 15 is less than the an top of page 1 of this statement and continue ☐ The amount on Line 15 is not less than the	nount on Line 16. Chece with this statement. e amount on Line 16.	ck the box for "The applica Check the box for "The app					
	at the top of page 1 of this statement and co			DI E INCOME				
18	Part III. APPLICATION OF Enter the amount from Line 11.	§ 1325(D)(3) FOR DE	LERMINING DISPOSAL	OLE INCOME	¢	4 604 00		
10	Marital Adjustment. If you are married, but a	re not filing jointly with	your spouse enter on Line	19 the total of	\$	4,604.90		
19	any income listed in Line 10, Column B that w debtor or the debtor's dependents. Specify in the payment of the spouse's tax liability or the spoudependents) and the amount of income devoted separate page. If the conditions for entering this	as NOT paid on a regular lines below the basis a use's support of persons at to each purpose. If necess adjustment do not app	ar basis for the household efor excluding the Column I other than the debtor or the essary, list additional adjus	xpenses of the B income(such as e debtor's				
	a. b.	\$ \$						
	c.	\$						
	Total and enter on Line 19.				\$	0.00		
20	Current monthly income for § 1325(b)(3). Su	abtract Line 19 from Lin	e 18 and enter the result.		\$	4 604 90		

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.							\$	55,258.80
22	Applic	able median family incom	nedian family income. Enter the amount from Line 16.					\$	40,259.00
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.								
23		e amount on Line 21 is mo 25(b)(3)" at the top of page						nined	under §
	☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement.								
		Part IV. C	ALCULATION C)F I	DEDU	CTIONS FR	OM INCOME		
		Subpart A: D	eductions under Stan	ıdar	ds of th	e Internal Reve	nue Service (IRS)		
24A	Enter in application bankru	nal Standards: food, appar in Line 24A the "Total" amount able number of persons. (Toptcy court.) The applicable in federal income tax return,	ount from IRS National S his information is availal number of persons is the	Stand ble at e nun	lards for t www.u nber tha	Allowable Living sdoj.gov/ust/ or frot would currently b	Expenses for the om the clerk of the e allowed as exemptions	\$	565.00
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.								
	Perso	ns under 65 years of age		Pers	sons 65 y	years of age or old	ler		
	a1.	Allowance per person	60	a2.	Allowa	ance per person	144		
	b1.	Number of persons	1	b2.	Numbe	er of persons	0		
	c1.	Subtotal	60.00	c2.	Subtot	al	0.00	\$	60.00
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						\$	419.00		
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.								
		IRS Housing and Utilities							
		Average Monthly Payment home, if any, as stated in L		y you 	ır	\$	1,190.66		
		Net mortgage/rental expens				Subtract Line b fr	om Line a.	\$	0.00
26	25B do Standa	Standards: housing and uppers not accurately compute reds, enter any additional and the reds in the research to the reds.	the allowance to which	you a	re entitle	ed under the IRS H	lousing and Utilities		
	conten	tion in the space below:						\$	0.00

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	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.						
	Check the number of vehicles for which you pay the operating expens						
27A	included as a contribution to your household expenses in Line 7. \square 0						
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$	424.00			
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.gr court.)	\$	0.00				
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more.						
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.						
	a. IRS Transportation Standards, Ownership Costs						
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$ 0.00					
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	0.00			
29	the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. Do not enter an amount less than zero.						
	a. IRS Transportation Standards, Ownership Costs	\$ 0.00					
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$ 0.00					
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	0.00			
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$	0.00			
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	\$	0.00				
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.	\$	0.00				
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.	\$	0.00				
34	Other Necessary Expenses: education for employment or for a phothe total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged deproveding similar correcces is available.	ion that is a condition of employment and for	¢	0.00			
	providing similar services is available.		\$	0.00			
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$	0.00			

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36	Other Necessary Expenses: health care. Enter the toth health care that is required for the health and welfare of insurance or paid by a health savings account, and that include payments for health insurance or health savings.	\$	0.00	
37	Other Necessary Expenses: telecommunication service actually pay for telecommunication services other than pagers, call waiting, caller id, special long distance, or i welfare or that of your dependents. Do not include any	\$	49.00	
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.			
	Subpart B: Addition	onal Living Expense Deductions		
	Note: Do not include any exp	penses that you have listed in Lines 24-37		
	Health Insurance, Disability Insurance, and Health S the categories set out in lines a-c below that are reasonal dependents.	davings Account Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your		
39	a. Health Insurance	\$ 0.00		
	b. Disability Insurance	\$ 0.00		
	c. Health Savings Account	\$ 0.00		
	Total and enter on Line 39		\$	0.00
	If you do not actually expend this total amount, state below:			
	\$			
40	Continued contributions to the care of household or a expenses that you will continue to pay for the reasonabl ill, or disabled member of your household or member of expenses. Do not include payments listed in Line 34.	\$	0.00	
41	Protection against family violence. Enter the total aver actually incur to maintain the safety of your family under applicable federal law. The nature of these expenses is r	\$	0.00	
42	Home energy costs. Enter the total average monthly ar Standards for Housing and Utilities that you actually extrustee with documentation of your actual expenses, a claimed is reasonable and necessary.	\$	0.00	
43	Education expenses for dependent children under 18 actually incur, not to exceed \$147.92 per child, for atter school by your dependent children less than 18 years of documentation of your actual expenses, and you must necessary and not already accounted for in the IRS S	\$	0.00	
44	Additional food and clothing expense. Enter the total a expenses exceed the combined allowances for food and Standards, not to exceed 5% of those combined allowance from the clerk of the bankruptcy court.) You must dreasonable and necessary.	\$	0.00	
45	Charitable contributions. Enter the amount reasonably contributions in the form of cash or financial instrument 170(c)(1)-(2). Do not include any amount in excess of	ts to a charitable organization as defined in 26 U.S.C. §	\$	5.00
46	Total Additional Expense Deductions under § 707(b)	• Enter the total of Lines 39 through 45.	\$	5.00
	I .	1	-	

		Subpart C: Deductions for I	ebt 1	Payment			
47	Future payments on secured claim own, list the name of creditor, ident check whether the payment includes scheduled as contractually due to ea case, divided by 60. If necessary, li Payments on Line 47.						
	Name of Creditor	Does payment include taxes or insurance					
	a. American Home Mortgage Servicing, Inc.	Residence at 8270 SE 32nd Street, St. Joseph, Missouri	\$	1,190.66	□yes ■no		
	b. Internal Revenue Service	All equity in all property regardless of exemptions	\$	217.85	□yes ■no		
			T	otal: Add Lines		\$	1,408.51
48	motor vehicle, or other property nec your deduction 1/60th of any amour payments listed in Line 47, in order sums in default that must be paid in the following chart. If necessary, lis	s. If any of debts listed in Line 47 are ressary for your support or the support at (the "cure amount") that you must p to maintain possession of the property order to avoid repossession or forecld tadditional entries on a separate page	of you ay the y. The sure. I	or dependents, you creditor in addit cure amount wor list and total any	ou may include in ion to the uld include any v such amounts in		
	Name of Creditor	Property Securing the Debt		1/60th of t	he Cure Amount		
	a. Servicing, Inc. Residence at 8270 SE 32nd Street, St. Joseph, Missouri \$466.67						
	TD	1	11 6		Total: Add Lines	\$	466.67
49	priority tax, child support and alimo not include current obligations, su	claims. Enter the total amount, divide only claims, for which you were liable and as those set out in Line 33.	d by 60 at the ti	0, of all priority ime of your bank	claims, such as cruptcy filing. Do	\$	136.33
	Chapter 13 administrative expens resulting administrative expense.	es. Multiply the amount in Line a by t	he amo	ount in Line b, a	nd enter the		
50	issued by the Executive Off	district as determined under schedules ice for United States Trustees. (This			2,150.00		
		www.usdoj.gov/ust/ or from the clerk of			4.20		
	the bankruptcy court.) C Average monthly administr	ative expense of chapter 13 case	X To	otal: Multiply Lin		\$	90.30
F 1		·		mi. munipiy Li	nes a una o	1	
51	Total Deductions for Debt Paymen	Subport D. Total Doductions		1 Income		\$	2,101.81
52	Total of all daductions from incon	Subpart D: Total Deductions e. Enter the total of Lines 38, 46, and		1 Hicome		\$	3,623.81
52				OME UNDI	ED 8 1225(L)/2		3,023.01
52		INATION OF DISPOSABLE	INC	OME UNDE	2K § 1325(D)(2	\$	4.004.00
53	Total current monthly income. Enter the amount from Line 20.						4,604.90
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.						0.00
55		Enter the monthly total of (a) all amouretirement plans, as specified in § 54 ified in § 362(b)(19).				\$	0.00
56			m Lin	e 52.			3,623.81
1	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.					φ	3,023.01

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Nature of special circumstances Amount of Expense a. Business expenses \$ 84.50 b. \$ 84.50 c. \$ \$ \$ 84.50 c. \$ \$ \$ 84.50 \$ \$ 84.50 \$ \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ 84.50 \$ \$ \$ 84.50 \$ \$ 84.50 \$ \$ \$ 84.50 \$ \$ \$ \$ 84.50 \$ \$ \$ \$ \$ \$ \$ \$ \$		If ne	existion for special circumstances. If there are special circumstances, is no reasonable alternative, describe the special circumstances, list additional entries on a separate page. Totalide your case trustee with documentation of these exespecial circumstances that make such expense necessary.	imstances and the result il the expenses and enter xpenses and you must	ting expenses in lines a-c below. r the total in Line 57. You must provide a detailed explanation		
Second September Second September Second September Septemb		Nature of special circumstances Amount of Expense					
c. d. s s c. d. s s c. s s s s s s s s s	57	a.	Business expenses	\$	84.50	11	
d. e. S Total: Add Lines \$ 58		b.		\$			
e. \$ Total: Add Lines \$ Total: Add Lines \$ Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result. \$ Monthly Disposable Income Under \$ 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. \$ Part VI. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health a of you and your family and that you contend should be an additional deduction from your current monthly income under \$ 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly each item. Total the expenses. Expense Description		c.		\$			
Total: Add Lines 58 Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result. 59 Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. \$ Part VI. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health a of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly each item. Total the expenses. 60 Expense Description Monthly Amount a. \$ b. C. C. S Total: Add Lines a, b, c and d \$ Part VII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, b must sign.) Date: January 18, 2013 Signature: /s/Thomas Allen Smith		d.		\$			
Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result. Part VI. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health a of you and your family and that you contend should be an additional deduction from your current monthly income under \$ 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly each item. Total the expenses. 60 Expense Description But I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, b must sign.) Date: January 18, 2013 Signature: (s/ Thomas Allen Smith)		e.		\$			
result. \$ Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. \$ Part VI. ADDITIONAL EXPENSE CLAIMS				Tota	ıl: Add Lines	\$	84.50
Part VI. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health a of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly each item. Total the expenses. 60	58			the amounts on Lines 5	54, 55, 56, and 57 and enter the	\$	3,708.31
Part VI. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health a of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly each item. Total the expenses. 60	59	Mon	thly Disposable Income Under § 1325(b)(2). Subtra-	ct Line 58 from Line 53	3 and enter the result.	\$	896.59
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health a of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly each item. Total the expenses. 60			• • • • • • • • • • • • • • • • • • • •			Ψ	
of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly each item. Total the expenses. 60 Expense Description a. B. C. C. G. Total: Add Lines a, b, c and d Bart VII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, b must sign.) Date: January 18, 2013 Signature: /s/ Thomas Allen Smith							
a. \$ \$ \$ \$ \$ \$ \$ \$ \$		of yo 707(ou and your family and that you contend should be an ab)(2)(A)(ii)(I). If necessary, list additional sources on	additional deduction fro	om your current monthly income	unde	r §
b.	60		Expense Description		Monthly Amount	1	
C. S S S S S S S S S S S S S S S S S S S		a.			'		
d. S Total: Add Lines a, b, c and d S Part VII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, b must sign.) Date: January 18, 2013 Signature: /s/ Thomas Allen Smith						_	
Part VII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, b must sign.) Date: January 18, 2013 Signature: /s/ Thomas Allen Smith					'	4	
Part VII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, b must sign.) Date: January 18, 2013 Signature: /s/ Thomas Allen Smith		a.	Total: Add I	ines a b c and d	'	-	
I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, b must sign.) Date: January 18, 2013 Signature: /s/ Thomas Allen Smith					ĮΨ		
must sign.) Date: January 18, 2013 Signature: /s/ Thomas Allen Smith		1	Part VII.	. VERIFICATION			
I homas Allen Smith (Debtor)	61		sign.)		e: /s/ Thomas Allen Smith Thomas Allen Smith	nt ca	se, both debtors